B /512 cont./
R
137 The region is entirely covered by equatorial forest which the
241 inhabitants clear for their crops, practicing a shifting agriculture on burned-over land.

B
R
311 Life is closely tied to the river, on the edge of which are
504 established villages and crops. They scarcely move except by
968 water. Everybody, man, woman, or child, has his pirogue, and the children learn to paddle at the same time that they learn to walk.

B
R
433 The principal activities of the two populations are agriculture,
B fishing, and canoeing.
R
262 There is scarcely any difference between the dietary resources of the Indians and the Boni. The principal portion is manioc, eaten in the form of cassave (flat cakes cooked on a plate) or of couac (roasted and granulated flour). Then come tubers, yams,
B dasheems, "Carib cabbage" /taro/ and sweet potatoes, bananas
[241] and plantains. The Boni in addition plant mountain rice, from which the yield is small; in return, they eat fewer bananas.

R
[226] The protein ration is furnished essentially by fish, eaten fresh or smoked. The Indians, skillful fishermen, never lack
B them. Game furnishes a less regular, but important resource.
R
[231] Animal husbandry, confined to a few chickens raised mainly
[439] to sell, represents only an insignificant part of the diet.
The fat from fish and from animals killed while hunting constitutes the principal portion of lipides. The Boni use in addition, for preparing their meals, a small quantity of maripa palm oil.

Vitamins come from fruit (papaya, pineapple, mangoes), which the Indians eat in greater abundance than the Blacks, from wild spinach, rich in Vitamin A, and palm nuts (awara and caumou),
B eaten in great abundance during the rainy season.
R
● 146 Neither of the two populations is undernourished. The Indians might have been so temporarily during epidemics, when the adults, having been sick for a long time, were unable to clear sufficient land. But they can supplement an inadequate harvest with a great variety of wild foods that can be gathered.

The diet seems poor in mineral elements and especially in calcium. Traces of rachitis are noticeable among some of the Indian children.

/513/

The scarcity of lipide foods, and, among the Boni, the low consumption of fruit might cause one to fear vitamin deficiencies. In fact, there are no signs of it.

Body hygiene is excellent; Blacks and Indians bathe several times a day and are very fastidious about their persons.

In summary, there is no appreciable difference in the customary activities, agriculture, hunting, and fishing, of the two populations. There is one in economic activity. Among the Boni, who have a greater need for imported objects, the adult men work for wages four to five months per year on the average. These jobs are very laborious and performed under bad dietary conditions, whereas the Indians rest when they are not occupied with their customary tasks, sometimes spending entire days stretched out in the hammock.

The two populations have been in close contact for a long time. The Indian villages farthest downstream have immediate contact with the first crop plantings of the Boni. Without having any tendency to merge (their characters and their customs are too different), Boni and Oayana have maintained regular relations since the end of the eighteenth century, doing a little trade in imported articles exchanged for hammocks and dogs trained for hunting. They often visit each other, and nothing stops the spread of illness from the one group to the other.

In fact, the way of life of the two groups is the same, the environmental conditions have the same influence, and the differences which are observed in the pathology can only be attributed to a different sensitivity with regard to the principal illnesses.

Pathology of the Boni. We shall briefly summarize here the observations of Dr. A. Sausse in his work Populations primitives du Maroni.

The pathology of the Boni is characterized by:

-- a resistance to malaria, which means that if the children have bad attacks an immunity will develop with age; the size of the spleen diminishes regularly from child to adult. The adults have only episodical attacks which are not serious; in particular